

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

## FOR OFFICE USE ONLY

Postmark Date: 12/5/03

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1. NAME BYERS - DESSELLE VDNNE M.  
Last First MI

2. BUSINESSPHONE (225) 295-1300  
Area Code and Phone Number

3. BUSINESS ADDRESS 11918 BRICKSOME AVENUE, BATON ROUGE, LA 70816  
Street and No. City State Zip

MAILING ADDRESS P. O. BOX 40183, BATON ROUGE, LA 70835  
Street and No. City State Zip

4. EMPLOYER LOUISIANA FINANCE ASSOCIATION

5. EMPLOYER'S ADDRESS 11918 BRICKSOME AVENUE, STE. A, BATON ROUGE, LA 70816  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name: LOUISIANA FINANCE ASSOCIATION

Address 11918 BRICKSOME AVENUE, SUITE A, BATON ROUGE, LA 70816

Business or purpose TRADE ASSOCIATION (FINANCE COMPANIES)

Does this person pay you? NO

If No, who pays you? IT IS PART OF MY SALARY AND JOB TO MONITOR BILLS THAT EFFECT OUR INDUSTRY AND REPORT TO OUR LOBBYIST AND LEGISLATIVE CHAIRMAN

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140
Lobbyist's Registration Number

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [1 SA-R.S. 24:50 et seq.] has been deliberately omitted.

Charrie Berra - Deasele  
Signature of Lobbyist

